



3120 Stonecrest Blvd  
Stonecrest, GA 30038  
Phone: 770.224.0200  
Website: [www.stonecrestga.gov](http://www.stonecrestga.gov)

### CHANGE OF BUSINESS LOCATION/BUSINESS CLOSED FORM

- Moved to another location within Stonecrest city limits (**Requires Approval from Zoning, Building and Fire**)
- Moved outside Stonecrest city limits Business License will be closed (**Please Apply with New Jurisdiction**)
- Business Closed      Date Business Closed: \_\_\_\_\_ (**Must Complete Section 1 & Sign Below**)

***If ownership of business has changed, a new application MUST be submitted***

#### **Section 1**

Business Name: \_\_\_\_\_ Federal Tax ID/SSN: \_\_\_\_\_

Business Owner/Applicant: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Section 2**

New Address: \_\_\_\_\_ Ste./Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Sanitation Acct #: \_\_\_\_\_

Brief Description of Business Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I hereby certify, under penalty of perjury, the statements made herein are to the best of my knowledge true and correct.

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_